



CITY OF DOUGLAS

425 10th Street, Douglas, AZ. 85607
Ph: (520) 364-1586, Fax: (520) 364-7507

APPLICATION FOR BUSINESS AND OCCUPATION LICENSE

NOTICE: Completion of this form does not constitute approval of license. Business cannot start until business license is issued. Applicant must be available and business location accessible for inspections. Failure to do so will delay process.

NAME OF BUSINESS: _____

BUSINESS LOCATION: _____

MAILING ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

PLEASE LIST ALL VEHICLES TO BE USED BY YOUR BUSINESS (if any):

LIC. PLATE NO.	MAKE	MODEL	YEAR

DESCRIPTION OF BUSINESS (Give detail): _____

TYPE OF OWNERSHIP:

CORPORATION: _____ NAMES: _____

PARTNERSHIP: _____ NAMES: _____

INDIVIDUAL: _____ NAMES OF OWNER: _____

SOCIAL SECURITY #: _____ DRIVER LICENSE#: _____ D.O.B: _____

ORIGINAL OWNER? _____ CHANGE OF OWNERSHIP? _____ PREVIOUS OWNER'S NAME: _____

WILL NEW BUSINESS INCLUDE ANY CONSTRUCTION? _____ IF YES, EXPLAIN: _____

NUMBER OF PERSONS TO BE WORKING: _____ AZ SALES TAX LICENSE No: _____

HEALTH PERMIT No: _____ FEDERAL ID No: _____

HAVE YOU EVER BEEN CONVICTED OR PLED NO CONTEST TO A CRIME INVOLVING LARCENY, EMBEZZLEMENT, FRAUD, MISREPRESENTATION, FALSE PRETENSES, PERJURY, DECEIT, OR DISHONESTY WITHIN THE LAST 3 YEARS: _____

SIGNATURE: _____ DATE: _____

MOBILE VENDORS: PLEASE PROVIDE A RECENT PHOTOGRAPH NOT MORE THAN 3" NOR LESS THAN 2" SQUARE

OFFICE PERSONNEL ONLY!!

.....

INSPECTED BY:

P & Z ZONING CLEARANCE _____ **DATE:** _____

BUILDING CODE REVIEW/CLEARANCE: _____ **DATE:** _____

BUILDING PERMIT REQUIRED: _____ **ISSUE DATE:** _____

OCCUPANCY CLASSIFICATION: (As described by U.B.C.)

_____ **DATE** _____ **BY** _____

PUBLIC WORKS RIGHT-OF-WAY _____ **DATE** _____

BACKFLOW/CROSS CONNECTION _____ **DATE** _____

FIRE CODE REVIEW/CLEARANCE _____ **DATE** _____

POLICE DEPT _____ **DATE** _____

.....

APPROVED BY: _____ **DATE** _____

APPLICATION FEE _____ **DATE** _____

BUSINESS LICENSE FEE _____

BUSINESS LICENSE No. _____

PERIOD _____

PLEASE RETURN TO:

**ALMA ANDRADE
BUSINESS LICENSE DEPT.
425 10TH STREET
DOUGLAS, AZ. 85607**